



STATE OF NEVADA
OFFICE OF THE STATE TREASURER
NEVADA PREPAID TUITION PROGRAM

Change of Address Request

Contract Number: _____

Purchaser Name: _____

Beneficiary Name: _____

Please change the address for the following (check all that apply):

☐ Purchaser

☐ Beneficiary

☐ Purchaser Appointee

Street Name and Number

City, State, Zip Code

Day Telephone Number

Evening Telephone Number

Email Address

Signature

Date

555 E. Washington Ave.
Suite 4600
Las Vegas, NV 89101-1075



(888) 477-2667 Toll Free
(702) 486-2025 Telephone
(702) 486-3246 Fax